

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5313	2. Fiscal Year Covered From: 01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name GARY L. MCCALLISTER P.O. Box, Bldg., Room No., if any Street 5104 NW 64 TERRACE City LAUDERHILL State FLORIDA ZIP Code + 4 33319	4. Name, file number, and address of labor organization. Name COMMUNICATIONS WORKERS OF AMERICA Labor Organization File Number 000-188 P.O. Box, Building and Room Number, if any Street 501 3RD STREET NW City WASHINGTON, DC State ZIP Code + 4 20001
5. Position in labor organization. STAFF REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name BELLSOUTH Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 675 W. PEACHTREE ST. City ATLANTA State GEORGIA ZIP Code + 4 30375	7.a. Nature of Interest, Transaction, or Income. REIMBURSEMENT OF TRAVEL EXPENSES ASSOCIATED WITH LOCAL GOVERNANCE PARTNERSHIP MEETINGS IN ATLANTA. TWO TRIPS (783) TRAVEL PROVIDED LUNCH ON 4 OCCASIONS (642.00) 7.b. Amount. \$ 825.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Gary L. McCallister	On 05/11/06 Date	954 733-3443 Telephone Number